

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-536763

FILING DATE

APPLICANT(S)

6/6/77 CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2						
3	1		1		1	
4	0		1		1	
5	1		1		1	
6	1		1		1	
7	1		1		1	
8	0		2		1	
9	0		1		1	
10	1		1		1	
11	1		1		1	
12	1		1		1	
13	1		1		1	
14	1		1		1	
15	1		1		1	
16	3		2		1	
17	2		4		4	
18	1		1		1	
19	1		1		1	
20	1		1		1	
21	1		1		1	
22	2		1		1	
23	2		1		1	
24	2		1		1	
25	0		1		1	
26						
27						
28						
29						
30					2	
31					1	
32					1	
33	1		1		1	
34	1		1		1	
35	0		1		5	
36	0		1		5	
37						
38					3	
39					3	
40					3	
41					3	
42					6	
43					6	
44					6	
45					6	
46					6	
47					6	
48					6	
49					6	
50					6	
TOTAL IND.		5				
TOTAL DEP.		129				
TOTAL CLAIMS		134				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					3	
52					2	
53					5	
54					3	
55					3	
56					2	
57					2	
58					2	
59					2	
60					2	
61					3	
62					2	
63					2	
64					2	
65					3	
66					2	
67					2	
68					2	
69					2	
70					2	
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89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.					6	
TOTAL DEP.					223	
TOTAL CLAIMS		134			229	